Integrated Statewide Information Systems

REQUEST FOR ISIS USERID-AGPS/CFMS

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Current Userid   **Home Agcy #**

First Name   **Last Name**   **Work Telephone**   **Action**

- ○ New USERID
- ○ New to AGPS/CFMS
- ○ Name Change
- ○ Chg. Home Agency
- ○ Chg. Sec. Groups
- ○ Add BUNDL Codes
- ○ Chg. BUNDL Codes
- ○ Del. USERID
- ○ Re-Activate

Title   **User's Email Address**   **Agency/Dept. Name**

Supervisor's Name   **Work Mailing Address**

BUNDL Mailcode(s)   **AFS Inquiry**

○ Yes ○ No

Below you will find a list of the available security groups. The number of security groups that are assigned to each user should be limited to only those that are needed to perform his/her assigned duties. Place a check by the ones you will need.

AGPS Groups: ○ ENTR ○ BUYR   ○ BIDR ○ RECV ○ INVC ○ PAYR ○ BIDL ○ AADM

CFMS Groups: ○ ENTC ○ PAYC   ○ Process Payment ○ XTRA ○ Process Encumbrance | **CFMS Conversion Groups:** ○ CONV

Special Authorizations: ○ APRV/PAPV ○ OPAY ○ MVBL

Optional Permissions: ○ VNDE ○ SECI ○ INQR

eCatalog User: ○ AGPS Role ○ AGPS Agency Administrator Role

Should you need to call for assistance with your USERID you may be requested to provide your mother's maiden name and/or your father's first name to confirm that you are the USERID's true owner.

Mother's Maiden Name   **Father's First Name**

(To be completed by Agency Security Administrator or representative of Appointing Authority) I verify that the individual whose name appears on this form is currently employed at the agency named above. I also authorize this employee to have the access indicated on this form. I understand that should this person leave the agency or be assigned to another duty station that I am to contact the Division of Administration SIS security administrator within one working day of the employee's change in status.

Agency Security Administrator   **SA Phone**   **SA Email**   **SA/Liaison Comments**

Agency Liaison   **Liaison Phone**   **Liaison Email**